Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4974PRI	A. BUILDING _____ B. WING _____	08/12/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN DESERT CORRECTIONAL CENTER	COLD CREEK ROAD INDIAN SPRINGS, NV 89070

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S 000	Initial Comments This Statement of Deficiencies was generated as a result of a survey and a complaint investigation conducted at your facility on 8/7/08 and completed on 8/12/08 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. Complaint #NV00017609 was substantiated. See Tag S175.	S 000		
S 088	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical	S 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured. This Regulation is not met as evidenced by: Based on observation on 8/7/08, the correctional center's kitchen area was not maintained in a safe manner. Findings include: During a tour of the kitchen at 9:00 AM, a large hole in the ceiling (4ft. x 3ft.) was observed in front of the correctional officer's office. The hole exposed the air conditioner condensation line. Water dripped continuously from the line into a bucket on the floor, making the area wet and hazardous.	S 088		
S 115	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation and interview on 8/7/08, the facility did not ensure the dining room and kitchen equipment were maintained in a sanitary manner. Findings include: An inspection of the kitchen and dining areas at 9:30 AM revealed the following: 1. In dining area #2 there were large cracks on the floor, walls, tables and chairs, making it impossible to sanitize the dining environment	S 115		

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S 115	Continued From page 2 properly. 2. In the kitchen, there was no kit for measuring the concentration of the sanitizing solution used at the three-compartment sink and dishwashing machine. Employee #11 stated that he did not test or log the sanitizing solution regularly. 3. The temperature indicator on the dishwashing machine revealed an error during the final rinse of the dishwashing cycle, but no one had addressed the problem.	S 115		
S 126	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Based on record review, observations and interviews on 8/7/08, the correctional center did not ensure that staff followed policy regarding the sterilization of instruments. Findings include: The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that the sterilization procedure for all autoclaves, medical and dental, was found in Medical Directive #426. Medical Directive #426 was reviewed. The policy indicated the following: - Biological testing will be done at a minimum	S 126		

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S 126	Continued From page 3 of once a week. - The numerical batch control system will be started at the same time that bacterial testing is started. All autoclave batches will be numbered and logged in a ledger and that number will also be placed on the individual instrument packages. - Instrument packets will be marked with the load control number prior to placing into the autoclave. An expiration date may also be included on the packets. The load control number will consist of a six-digit number. - Biological testing is the introduction of a live bacterial spore, in a contained medium, within the autoclave. For a positive test result, immediately retest, and recall all instruments if the retest is positive. Recalled instruments will not be used and will be re-sterilized once a negative growth culture has been obtained. - A log ledger will be maintained showing the load control number, expiration date, initials of the operator, dates of testing, results of tests, and load control number of the tested batch. The medical unit was observed. Medical staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426. The dental unit was observed. Dental staff reported they did have a copy of Medical Directive #426 and did not know to keep a log on the instruments that were sterilized in the autoclave per the directive. Staff stated they only kept a log of the biological test results and only tested the autoclave monthly; not weekly per policy and the manufacturer's guidelines.	S 126		

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S 126	Continued From page 4 Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426. In addition, instrument packages that had been sterilized earlier that morning were observed laying on top of the autoclave. Four of twenty packages had evidence of condensation inside the packages and the paper backing was wet. The dental technician reported she did not know that condensation inside the packages and wet paper backings compromised the sterility of the instruments and did not know to re-sterilize the instruments if this occurred.	S 126		
S 129	NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on record review, observation and interview on 8/7/08, the correctional center did not ensure the individuals responsible for sterilizing instruments (medical and dental) received training on the use of the instrument autoclaves. Findings include: Employee #7 - This employee was identified as a registered nurse and the individual responsible for sterilizing instruments for the medical unit. His employee file did not contain evidence he had been trained to use the instrument autoclave.	S 129		

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S 129	Continued From page 5 Employee #14 - This employee was identified as the individual responsible for sterilizing instruments for the dental unit. Her employee file did not contain evidence she had been trained to use the instrument autoclave. The employee reported during an interview that she had not received any training on the use of the autoclave, except for which buttons to push. In addition, instrument packages that had been sterilized earlier that morning were observed laying on top of the autoclave. Four of twenty packages had evidence of condensation inside the packages and the paper backing was wet. The dental technician reported she did not know that condensation inside the packages and wet paper backings compromised the sterility of the instruments and did not know to re-sterilize the instruments if this occurred. The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that nursing staff must be trained on the use of the autoclave and receive an annual review on the use of the autoclave.	S 129		
S 175	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observations, interviews and record review on 8/7/08, the facility did not ensure that the storage, preparation, and serving of food complied with the standards prescribed in chapter 446 of NRS. Findings include:	S 175		

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S 175	Continued From page 6 During an inspection of the facility's kitchen at 9:00 AM, the following observations were made: 1. Four cases of refrigerated pint-sized milk had expired on 8/3/08. Employee #13 stated that she kept expired milk in the refrigerator until she informed Employee #12 of her intent to discard the milk. 2. A mop bucket and sanitizer bottle were observed in the food storage area next to the bananas. 3. The ice scoop was observed on a counter above the ice machine. There was no container to hold the scoop. 4. In a letter written by a complainant, the complainant reported that when his meals arrived in the lock down area, they were cold. According to Employee #11, food temperatures were not taken after meals had been transported to the lock down area (Unit 8) nor were they taken when the meals were distributed to the individual cell units. The employee stated it took at least five minutes for the meal trays to be delivered from the main kitchen to Unit 8, but he did not know if the food was still hot when it was delivered to inmates. 6. In a letter written by a complainant, the complainant reported inmates were served tortilla chips and bread after crows were allowed to open the packages that had been left out in the open. The area outside the kitchen at the food delivery area was observed. There were many crows. Employee #11 stated that whenever the delivery	S 175		

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S 175	Continued From page 7 crew had to wait to enter the kitchen for even a few minutes, crows pounced on food items and opened products which were wrapped in plastic. He further stated they did not discard the food items and because of droppings left by the crows, staff had to hose down and clean the area daily.	S 175		
S 181	NAC 449.3385 Dietary Personnel 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, the correctional facility did not ensure the culinary department was under the direction of a registered dietician. Findings include: During a tour of the culinary department, the administrative services officer provided documentation that menus had been reviewed by a dietitian on 6/12/08. There was no documentation that in-service training for food service personnel had been provided by the	S 181		

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S 181	Continued From page 8 dietitian consultant. The officer stated that the dietitian did not conduct in-service training for culinary staff because she had never been to the correctional center.	S 181		
S 219	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 8/7/08, the correctional center did not ensure drugs and biologicals were controlled and distributed in a manner consistent with applicable state and federal laws. Findings include: On 08/07/08 at 10:00 AM, during a tour of the facility, expired medications and medical supplies were observed in the pharmacy, treatment room and trauma treatment room. The following expired medication and medical supplies were found in the pharmacy: - One 50 cc vial of Lopamidol injection - expired 06/2008. - Six Phenergan 25mg/cc vials - expired 07/2008. - One Toradol 30mg/cc vial - expired 08/01/2008. The following expired medications and medical supplies were found in the treatment room: - Two Duoderm Hydroactive Gel Tubes - expired 2006. The following expired medical supplies were located in the trauma treatment room:	S 219		

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S 219	Continued From page 9 - One 1000 cc intravenous bag of Lactated Ringers - expired 07/2008. The correctional center's policy titled, Returning Medication to Pharmacy indicated "on a bi-monthly, or as needed basis, expired medication will be removed from institutional medication room shelves by the DONS [Director of Nursing] or designee."	S 219		
S 255	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation on 8/7/08, the correctional center did not ensure emergency supplies were discarded after their expiration dates. Findings include: The medical unit was inspected. One box of Hewlett Packard external defibrillation pads had an expiration date of 4/2004. Two boxes of Accucheck Strips had expiration dates of 10/31/04.	S 255		
S 340	NAC 449.363 Personel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: NAC 441A.370 Correctional facilities: Testing and surveillance of employees and inmates; investigation for contacts; course of preventive	S 340		

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S 340	Continued From page 10 treatment for person with tuberculosis infection; documentation. 1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility. 2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility. 3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually. 4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis. Based on record review from 8/7/08 to 8/12/08, the correctional center did not ensure that 4 of 10 medical staff were in compliance with NAC 441A regarding tuberculosis (TB). Findings include: Employee #1 - Hire date 12/24/01. The employee's file contained annual TB signs and symptoms forms for 2003, 2004, 2005, and 2006. The file did not contain annual TB signs and symptoms forms for 2001, 2002, 2007 and 2008. The file did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. The file also	S 340		

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S 340	Continued From page 11 did not contain a copy of a negative chest x-ray report. Employee #5 - Hire date 8/18/03. The employee's file contained an annual TB signs and symptoms form for 2004. The file also contained two one-step TB skin tests dated 1/28/06 and 1/19/08. The file did not contain any information regarding TB tests conducted in 2004, 2005 and 2007. To comply with NAC 441A, the employee needs to complete an additional one-step TB skin test. The additional skin test would be combined with the 1/19/08 skin test and qualify as a two-step TB skin test. Employee #6 - Hire date 1/3/05. The employee's file contained a negative chest x-ray report dated 3/20/07 and annual TB signs and symptoms forms for 2006 and 2007. The file did not contain a TB signs and symptoms form for 2005 or 2008. The file also did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. Employee #7 - Hire date 10/22/01. The employee's file contained annual TB signs and symptoms forms for 2002, 2005, 2006 and 2008. The file did not contain annual TB signs and symptoms forms for 2003, 2004 and 2007. The file did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. The file also did not contain a copy of a negative chest x-ray report.	S 340		
S 590	NAC 449.391 Dental Services 1. If a hospital provides dental services, the services must be well-organized and provided in accordance with nationally recognized standards	S 590		

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S 590	Continued From page 12 of practice. This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, it was determined the facility did not ensure that 1 of 10 inmates received dental care. Findings include: Record review revealed that Inmate #5 was incarcerated on 10/15/06. Review of the inmate's medical file revealed the following: - Diagnosed on 10/23/06 with advanced periodontal disease. - Dental exam on 1/10/07 indicated that tooth #8 was missing. - Kite request on 2/11/08 indicated the inmate desperately needed to see the dentist. The response was "What do you need done?" - Kite request on 2/17/08 indicated the inmate needed to be fitted with for new teeth. The response was "you are scheduled and will receive an appointment slip." - No show in the dental clinic on 3/6/08 and 3/18/08. - Kite request on 3/11/08 indicated the inmate had a horrible tooth ache - very painful. The response was inmate was given pain medication. - Dental exam on 3/20/08 indicated the inmate reported pain in tooth #10 with a necrosed root tip and swelling. Tooth #10 extracted. Inmate approved for a partial plate and placed on list. Needs extraction for tooth #21 or #28. - Kite request on 3/22/08 indicated the inmate wanted to be scheduled for an appointment to have three upper teeth fitted for a partial. The inmate also requested a lower partial. The response was "you were just put on our list . . . there are a lot of people ahead of you on the list." - Kite request on 7/7/08 indicated the inmate inquired as to why there were so many inmates	S 590		

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S 590	Continued From page 13 that have been placed before him for a partial fitting. The response was that his name was on the list and when they get to his name, he would receive an appointment slip. "There are a lot of people ahead of you on our list who have been waiting longer with less teeth. You will be seen when we get to your name." - Kite request on 7/25/08 indicated the inmate had waited two years to be fitted for partials and so many other inmates have been place before him - would like a timeline. There was no response to the kite. During an interview with dental staff, they reported the dental clinic was staffed with one dentist. The staff stated the dentist was responsible for treating approximately 2400 inmates; 2155 correctional center inmates, 187 conservation camp inmates and 65 boot camp inmates. Dental staff reported the dental clinic needed another dental chair and another dentist to properly treat all the inmates seen in the clinic in a timely manner.	S 590		